

Approved:

Effective: April 2, 2002

Office: Safety

Topic No.: 500-000-015-f

Thomas F. Barry, Jr., P.E.
Secretary

DIRECTIVE EXPIRES: April 2, 2003

LOSS PREVENTION PROCEDURE

PURPOSE

To establish a Department-wide, uniform loss prevention program designed to reduce the number of work-related injuries to employees and damage to materials or property due to accidents and vehicle crashes; establish uniform operational plans; and delineate responsibilities for maintaining safe working environments for all employees of the Department.

AUTHORITY

Section 284.50, Florida Statutes, Prescribing Loss Prevention Program
State Fire Marshal Rule 4A-3.012, Florida Administrative Code,
Standards for Fire Prevention.
Section 334.048(3) Florida Statutes, the Florida Transportation Code
Section 20.23(3)(a), Florida Statutes
Chapter 440, Florida Statutes, Compensation for Work-Related Injuries

SCOPE

This procedure applies to all employees and facilities of the Department.

LOSS PREVENTION PROGRAM

- (1) The Department's loss prevention program will be implemented through safety procedures and guidelines promulgated by the State Safety Office based upon the requirements set forth by the state and federal agencies having such authority and jurisdiction.
- (2) The Department's facilities will be planned with the intent of providing each employee a place of employment free from recognized hazards. This commitment requires that safety be considered in all phases of operations, including but not limited to, any plans involving the development or installation of new equipment or facilities or any changes in the location and use of present equipment and facilities.

- (3) The State Safety Office shall provide the leadership and training necessary to develop implementation strategies and policies to promote safety awareness, hazard recognition and correction, and reporting within the Department.
- (4) Supervisors shall be held accountable for maintaining a safe work environment and for ensuring that employees perform their work in a safe manner.
- (5) Employees are responsible for performing their work in a safe manner, and for following established procedures and safe work practices.
- (6) Employees shall be provided initial indoctrination and the necessary training to enable them to perform their assigned tasks in a safe manner.
- (7) No employee will be harassed for exercising their responsibility for reporting hazardous conditions.

REFERENCES:

Governor's Executive Order No. 2000-292

Section 1

RESPONSIBILITIES

1.1 DEPARTMENT

The Department shall furnish a work environment that is safe for its employees and shall adopt measures reasonable and necessary to protect the life, health, and safety of its employees.

1.2 DISTRICT SECRETARIES AND ASSISTANT SECRETARIES

Each District Secretary and Assistant Secretary shall establish a loss prevention program plan that includes, at a minimum, the program plan elements specified in **Section 2** of this procedure

1.3 UNIT MANAGERS/OFFICE HEADS

1.3.1 A Unit Manager/Office Head is an individual who has direction and control over one or more cost centers.

1.3.2 Each Unit Manager/Office Head is responsible for enforcing all safety rules and regulations and for implementing the loss prevention program plan developed in accordance with **Section 2** of this procedure.

1.3.3 Unit Managers/Office Heads responsible for promulgating procedures shall ensure that such procedures address safety-related issues and responsibilities in compliance with applicable federal, state and other regulations and industry standards.

1.3.4 The Unit Manager/Office Head may designate and assign specific safety responsibilities to an employee in implementing the requirements of this procedure.

1.4 IMMEDIATE SUPERVISORS

1.4.1 The immediate supervisor is an individual who has direction and control over the work activity of one or more employees.

1.4.2 The immediate supervisor in charge of any work activity is responsible for ensuring that a safe work environment is maintained

and safe work practices are followed. No employee will be required to do a job using unsafe equipment or that violates safe work practices.

- 1.4.3** The immediate supervisor shall ensure that all responsible personnel perform required safety inspections.

1.5 EMPLOYEES

- 1.5.1** It is the responsibility of each employee to comply with established policies, procedures and safe work practices.

- 1.5.2** Employees shall immediately report to their immediate supervisors any unsafe work practices or unsafe conditions, either orally or in writing, such as:

- (A)** Unsafe condition(s) of motor vehicles, equipment, facilities, shops or property owned, leased or operated by the Department where conditions may jeopardize the safety of the employee, other employees, or the public.
- (B)** Any practice or operation being carried on by the Department which may jeopardize the safety of the employee, other employees, or the public.
- (C)** Any practice or operation being carried on by non-Department employees that may jeopardize the safety of Department employees while performing their assigned work.

- 1.5.3** Employees shall report any work-related accident resulting in personal injury or illness, including any crash or incident involving a Department vehicle, to their immediate supervisors or other employees designated by the Unit Manager/Office Head the same day/night of occurrence.

- 1.5.4** Employees who report unsafe acts or conditions to their immediate supervisors shall not be harassed for fulfilling their reporting responsibilities.

1.6 STATE SAFETY OFFICE

- 1.6.1** The State Safety Office shall establish procedures, standards, and training concerning the Loss Prevention Program, in accordance with **Section 20.23 (3)(a), Florida Statutes**.

- 1.6.2** The State Safety Office shall review procedures promulgated by other Department offices to ensure that safety-related issues and responsibilities have been addressed in a manner in compliance with applicable federal, state and other regulations and industry standards, and to ensure compatibility with the provisions of this procedure.
- 1.6.3** The State Safety Office shall be responsible for the development and distribution of a ***Safe Work Practices and Compliance Standards Handbook (Handbook)*** The Handbook provides information on safe work practices that must be observed by employees in performing their duties. Updates to the Handbook will be issued by the State Safety Office as needed. The State Safety Office will provide training on information in the Handbook, when appropriate.
- 1.6.4** Copies of the Handbook may be obtained from the Maps and Publications Office at no cost to Department employees.
- 1.6.5** The State Safety Office may conduct periodic quality assurance reviews to assess the progress of the Loss Prevention Program Plan(s) towards the achievement of the desired goals and/or objectives. Results of the review shall be furnished to the Unit Manager/Office Head.
- 1.6.6** The State Safety Office shall provide technical assistance and training to the Districts and Central Office in developing and implementing their plans.

Section 2

LOSS PREVENTION PROGRAM PLAN

2.1 PLAN REQUIREMENTS

Each District Secretary and Assistant Secretary shall maintain a loss prevention program plan designed to enhance safety and health in the work environment, to control the occurrence of work-related accidents and to minimize injuries and losses. At a minimum, the loss prevention program plan must include the following:

2.1.1 Statement of Goals

The plan must set achievable goals in the areas of prevention, reduction and control of work-related accidents; property damage (including fire and explosion); exposures to chemicals, materials or hazards in operating methods and practices; and recognition and elimination of hazards through safety awareness, training and education.

2.1.2 Assignment of Responsibilities

The primary responsibility for the development and implementation of the plan must be assigned to a specific individual or working group. Safety must be given the same consideration as any other management responsibility.

2.1.3 Collection, Reporting and Analysis of Data

The plan must describe methods for collecting accident and injury information and property loss data, when applicable. Additionally, the plan must describe how the data will be utilized in program planning and in assessing attainment of goals.

2.1.4 Implementation Strategies

2.1.4.1

The plan must have provisions for ensuring that work practices and standards are followed by the employees in accordance with the Department's ***Safe Work Practices and Compliance Standards Handbook***, and requirements found in the ***Mobile Equipment Manual, Topic No. 400-000-001***.

- 2.1.4.2** The plan must consider physical, behavioral and managerial approaches, including job safety analysis, to achieve program plan goals.
- 2.1.4.3** The plan must provide for the establishment of a Safety Committee that actively involves all levels of employees to assist in identifying or recommending measures to improve the program. See **Chapter 1** of the ***Safe Work Practices and Compliance Standards Handbook*** for details
- 2.1.4.4** The plan must establish timetables for implementation of identified program areas.
- 2.1.4.5** The plan must include provisions for monitoring and making assessments of its progress toward the achievement of goals and/or objectives.
- 2.1.4.6** The plan may be modified or revised as needed. The State Safety Office shall be furnished a copy of the plan and its revisions, if any.

Section 3

TRAINING AND EDUCATION

3.1 TRAINING AND EDUCATION GOALS

Safety education and training programs have been established to motivate and train employees in recognition, avoidance and prevention of unsafe acts and unsafe conditions while performing assigned tasks.

3.2 SAFETY ORIENTATION

All newly hired employees shall be given a safety orientation to make them aware of the importance of safety and their responsibility for maintaining a safe work environment. This orientation shall be conducted by appropriate safety personnel within thirty (30) working days of employment.

3.3 SAFETY INDOCTRINATION

3.3.1 All newly hired, reassigned or promoted employees shall be given a safety indoctrination to ensure complete understanding of their job functions and the Department's safety policies and procedures including job-specific safety instructions. Indoctrination shall be conducted by the employee's immediate supervisor within five (5) working days of employment, reassignment, or promotion.

3.3.1.1 Indoctrination will not be required when an employee is reassigned or promoted to a position where he or she has undergone indoctrination while in the previous position.

3.3.2 *Form 500-000-16, Safety Indoctrination* must be completed and signed by the employee, with a copy placed in the employee's personnel file at the unit where the employee is assigned.

3.4 TRAINING

The Unit Manager/Office Head shall ensure that safety training is provided to all employees for specific tasks or operations described in the Department's ***Safe Work Practices and Compliance Standards Handbook***. All safety training shall be documented in ***TRESS Report, Form 250-050-11***.

3.5 FORMS

Form 500-000-16, Safety Indoctrination, is available from the Department's Forms Library.

Form 250-050-11, TRESS Report, is available from the Department's Forms Library.

Section 4

ACCIDENT REPORTING AND INVESTIGATION

4.1 REPORTING OF ACCIDENTS

All accidents that result in personal injury, illness, or property damage shall be reported and investigated, regardless of the extent of injury, illness, or property damage.

4.2 REPORTING OF FATALITIES

4.2.1 Any accident that results in a fatality to any Department employee shall be reported by the employee's immediate supervisor to the Unit Manager or his/her designee and to the Unit/Central Office Personnel Office immediately. (See ***Guidelines for Casualty Assistance/ Emergency Notification, Topic No. 250-000-020.***)

4.2.2 Any incident which results in a fatality on facilities or properties owned, leased, or regulated by the Department must be reported to the Office of the Inspector General (OIG) by telephone at (850) 410-5800 or facsimile at Suncom 210-5800 at the earliest opportunity, but not later than one (1) working day of knowledge of the fatality, by each Assistant Secretary, District Secretary, Director of Tolls or their respective designees. All FDOT employees are responsible to immediately notify management of such fatalities.

- (A) Facilities or properties owned or leased shall include, but are not limited to: office buildings, maintenance yards, bridges, roadways, construction sites or rest facilities.
- (B) Facilities regulated shall include, but are not limited to, public transit systems, airports, and railways.

4.2.3 Within one (1) working day of notification, the Inspector General shall determine the necessary level of OIG involvement and will assign Department staff to monitor accident investigations or conduct independent inquiries as deemed appropriate.

4.2.4 The Inspector General shall report the status and results of the investigation or inquiry directly to the Secretary.

4.3 INVESTIGATION OF ACCIDENTS

4.3.1 The purpose of an accident investigation is to gather information and record facts about the accident that caused the injury, illness, or property damage and to prevent similar accidents in the future.

4.3.2 The investigation should:

- (A) Identify the primary cause(s) and/or contributing factors leading to the accident;
- (B) Determine what, if any, work practices, or procedures are involved in the accident;
- (C) Determine what corrective actions can be taken to prevent similar occurrences;
- (D) Gather all related information needed to answer the question of what happened to whom, when and where;
- (E) Identify person(s) involved in the accident and person(s) who witnessed its occurrence; and
- (F) Include an interview of each witness, if possible, who might provide information on the underlying cause(s) of the accident.

4.4 INFORMATION GATHERING

4.4.1 The primary responsibility for conducting the investigation and gathering needed information about the accident rests with the immediate supervisor of the employee involved in the accident or with any other employee designated by the Unit Manager/Office Head for this purpose.

4.4.2 The investigation of the accident should be initiated as soon as possible, but no later than 48 hours following the occurrence. The required reports, **Form 500-000-18, Injury/Illness Report** and **Form 500-000-15, Vehicle Crash/Incident Report**, should be completed within seven (7) working days of the occurrence.

4.4.3 All information gathered from the investigation shall be recorded on the required report form. The report will provide findings regarding the accident to the Unit Manager/ Office Head and provide a written record of the interim action(s) or corrective action(s) being taken to

prevent similar occurrence(s).

4.5 REVIEW OF INJURY/ILLNESS AND VEHICLE CRASH/INCIDENT OCCURRENCES

4.5.1 The Unit Manager/Office Head may designate a group of employees to review injury/illness and crash/incident occurrences for the purpose of:

4.5.2 Evaluating the interim action(s) or corrective action(s) taken to prevent similar occurrences; and

4.5.3 Recommending permanent action(s) to eliminate or reduce the risk of recurrence.

4.6 FLOWCHART

See ***Attachment 1*** for a flow chart on reporting accidents.

Section 5

PERSONAL INJURY/ILLNESS REPORTING

5.1 RESPONSIBILITIES

- 5.1.1** The employee who is injured or becomes ill as a result of a work-related accident shall report the accident to his/her immediate supervisor or designee the same day/night of the incident.
- 5.1.2** The immediate supervisor shall:
- (A) Ensure that the employee is provided first aid or medical treatment, as needed, in accordance with **Procedure 250-032-001, Worker's Compensation**. Universal Precautions must be observed as described in the **Bloodborne Pathogens Exposure Control Plan, Chapter 8, Section 6 of the Safe Work Practices and Compliance Standards Handbook**.
 - (B) Call the workers' compensation carrier, Protegrity at 1-800-424-6689 who will give instructions on where the injured employee should go for medical treatment.
 - (C) As soon as the needs of the injured or ill employee are taken care of, conduct an investigation of the accident, and fill out **Sections A, B, C, and D (1) of the Injury/Illness Report, Form 500-000-18**. The report should be completed within seven (7) working days of the occurrence. The employee must sign **Section B** of the form.
 - (D) Forward the report to the Unit's Safety and Health Specialist/ designated safety person, if one is so assigned, within five (5) working days of completion of the report. Otherwise, the report shall be forwarded to the Unit Manager/Office Head.
- 5.1.3** The unit's Safety and Health Specialist/ designated safety person, if one is so assigned, shall:
- (A) Provide assistance, if needed, in investigating the accident.
 - (B) Fill out **Section D (2) of the Injury/ Illness Report (Form 500-000-18)**, indicating recommendations or corrective action(s).
 - (C) Forward the report to the Unit Manager/ Office Head within five (5) working days of receipt of the report from the immediate supervisor.

5.1.4 The Unit Manager/Office Head shall:

- (A) Review the report and complete **Section D (3)** of **Form 500-000-18** indicating the corrective action(s) to be taken. At his/her option forward the report to the District Secretary/ Assistant Secretary or his/her designee within ten (10) working days of receipt of the report for an executive review on the corrective action(s) taken.
- (B) After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of corrective action(s).
- (C) Forward a copy of the completed report to District Safety and Health Manager within five (5) working days.
- (D) Furnish a copy of the completed report to the State Safety Office in Tallahassee within five (5) working days.

5.1.5 The District Safety and Health Manager shall:

- (A) Provide assistance, if needed, in implementing the preventive or corrective action(s).
- (B) Review all reports and provide, when appropriate, recommendations to the Unit Manager/Office Head on how to prevent similar occurrences.

5.2 INJURY/ILLNESS REPORT DISTRIBUTION

A copy shall be sent to the State Safety Office, Industrial Safety, M.S. 53, Tallahassee.

5.3 FORM

Form 500-000-18, Injury /Illness Report, is available from the Department's Forms Library.

Section 6

VEHICLE CRASH/ INCIDENT REPORTING

All crashes and incidents involving Department motor vehicles, heavy equipment, motorized off-road equipment, watercraft and aircraft or leased or rented vehicles shall be reported.

6.1 DEFINITIONS

6.1.1 Vehicle Crashes - Incidents involving at least one motor vehicle which result in a fatality, injury, or property damage while said vehicle is in operation on a traffic way. Traffic way is any vehicular thoroughfare open to the public, including parking lots. Vehicle crashes also include:

- (A) Crashes involving off-road motorized equipment being operated on a traffic way.
- (B) Crashes involving a privately owned vehicle, or a leased or rented vehicle used by a Department employee on official business.
- (C) All backing incidents involving vehicles normally operated on the traffic way.

6.1.2 Vehicle Incidents - Incidents involving:

- (A) Damage to off-road motorized equipment not being operated on or adjacent to the traffic way.
- (B) Damage to windshields, windows, signal lights, headlights or taillights caused by tools, branches, debris, or similar objects.
- (C) Any damage caused by unsecured items falling out of vehicles.
- (D) Any damage caused by objects thrown during mowing operations.
- (E) Any damage to vehicles being operated off-road.

6.2 VEHICLE CRASH

6.2.1 In the event of a vehicle crash, the Driver shall:

- (A) Make every effort to have the vehicle moved out of the normal flow of traffic unless the crash results in death or personal injury or extensive damage to the vehicle so that it cannot be moved. Under these conditions, the vehicle shall not be moved unless directed by the police or other authority.
- (B) Notify his/her immediate supervisor or other employee designated by the Unit Manager/Office Head the same day/night of the occurrence. Follow the instructions found in page 9 of the **Vehicle Crash/Incident Report , Form 500-000-15**.
- (C) Fill out **Sections A, B, C, D** and **E** of the **Vehicle Crash/Incident Report, Form 500-000-15** and submit the report to his/her immediate supervisor no later than one (1) working day following the crash.

6.2.2 The immediate Supervisor shall:

- (A) Review the report and ensure that the driver's account and details of the crash are recorded. Conduct an investigation of the crash and fill out **Sections F** and **G (1)** of the report. Attach all relevant information including a police report, if available. The report should be completed within seven (7) working days of the occurrence.
- (B) Upon receipt of the vehicle crash report from the driver, notify the State Department of Insurance at (850) 413-3122 or SC 292-3122 within one (1) working day of the occurrence.
- (C) Forward the report to the Safety and Health Specialist/designated safety person, if one is so assigned, within five (5) working days after completion of the report. Otherwise, forward the report to the Unit Manager/ Office Head.
- (D) If the vehicle crash results in an injury to the driver or other Department employee(s), fill out **Injury/ Illness Report, Form 500-000-18** as required in **Section 5** of this Procedure.
- (E) Ensure that a new **Vehicle Crash/ Incident Report, Form 500-000-15** is given to the driver to replace those forms used.
- (F) Forward a copy of the report to the maintenance shop when the vehicle requires repairs.

6.2.3 The Unit Safety and Health Specialist/designated safety person, if one is so assigned, shall:

- (A) Assist the immediate supervisor, if needed, in conducting investigations and completing reports.
- (B) Ensure that the driver and the immediate supervisor have filled out the appropriate sections of the **Vehicle Crash/Incident Report,, Form 500-000-15**, and that copies of all relevant documents are attached.
- (C) Fill out **Section G(2)** of the report, including comments and recommendations.
- (D) Submit the report to Unit Manager/Office Head within five (5) working days of receipt of report from the immediate Supervisor.

6.2.4 The Unit Manager/Office Head shall:

- (A) Review the report and fill out **Section G(3)** with comments on preventative and corrective action(s) to be taken. At his/her option forward the report to the District Secretary/Assistant Secretary or his/her designee within ten (10) working days of receipt of the report for an executive review on the corrective action(s) taken.
- (B) After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of the corrective actions(s).
- (C) Forward a copy of the completed report to the District Safety and Health Manager within five (5) working days.
- (D) Furnish a copy of the report to the State Safety Office in Tallahassee within five (5) working days of completion.

6.2.5 The District Safety and Health Manager shall:

- (A) Provide assistance, if needed, in implementing preventive or corrective action(s).
- (B) Review reports and provides, when appropriate, recommendations to the Unit Manager/Office Head on how to prevent similar occurrences.

6.3 VEHICLE INCIDENT

- 6.3.1** In the event of a vehicle incident, the Driver shall:
Contact immediate supervisor or other employee designated by the

Unit Manager/ Office Head to report the vehicle incident the same day/night of the incident.

- (A) Fill out **Sections A, B, C, D, and E** of the **Vehicle Crash/Incident Report, Form 500-000-15** and submit report to his/her supervisor no later than one (1) working day following the incident.

6.3.2 The immediate Supervisor shall:

- (A) Conduct an investigation of the incident and fill out **Sections F and G(1)** of the **Vehicle Crash/Incident Report, Form 500-000-15** including recommendations for corrective action to prevent similar incidents. The report should be completed within seven (7) working days of the occurrence.
- (B) Forward the report to Safety and Health Specialist/designated safety person, if one is so assigned, no later than five (5) working days after completion of the report. Otherwise, forward the report to the Unit Manager/Office Head.
- (C) Forward a copy of the report to the maintenance shop when the vehicle requires repairs.

6.3.3 The Unit Safety and Health Specialist/designated safety person, if one is so assigned, shall:

- (A) Review report and fill out **Section G (2)** with comments and recommendations for corrective action to the Unit Manager/ Office Head within five (5) working days of receipt of the report.
- (B) Assist the immediate supervisor, if needed, in conducting investigations and completing reports.

6.3.4 The Unit Manager/Office Head shall:

- (A) Review the report and fill out **Section G(3)** with comments regarding corrective actions to be taken. At his/her option forward the report to the District Secretary/Assistant Secretary or his/her designee, within ten (10) working days of receipt, for an executive review on corrective action(s) taken.
- (B) After the review by the District Secretary or Assistant Secretary and/or completion of the report, forward the report to the immediate supervisor within five (5) working days for implementation of the corrective action(s).

- (D) Forward a copy of the report to the District Safety and Health Manager within five (5) working days.
- (D) Furnish a copy of the report to the State Safety Office in Tallahassee within five (5) working days.

6.3.5 The District Safety and Health Manager shall:

- (A) Provide assistance, if needed, in implementing the preventive or corrective action(s).
- (B) Review reports and provide recommendations to the Unit Manager/Office Head on how to reduce recurrence of incidents.

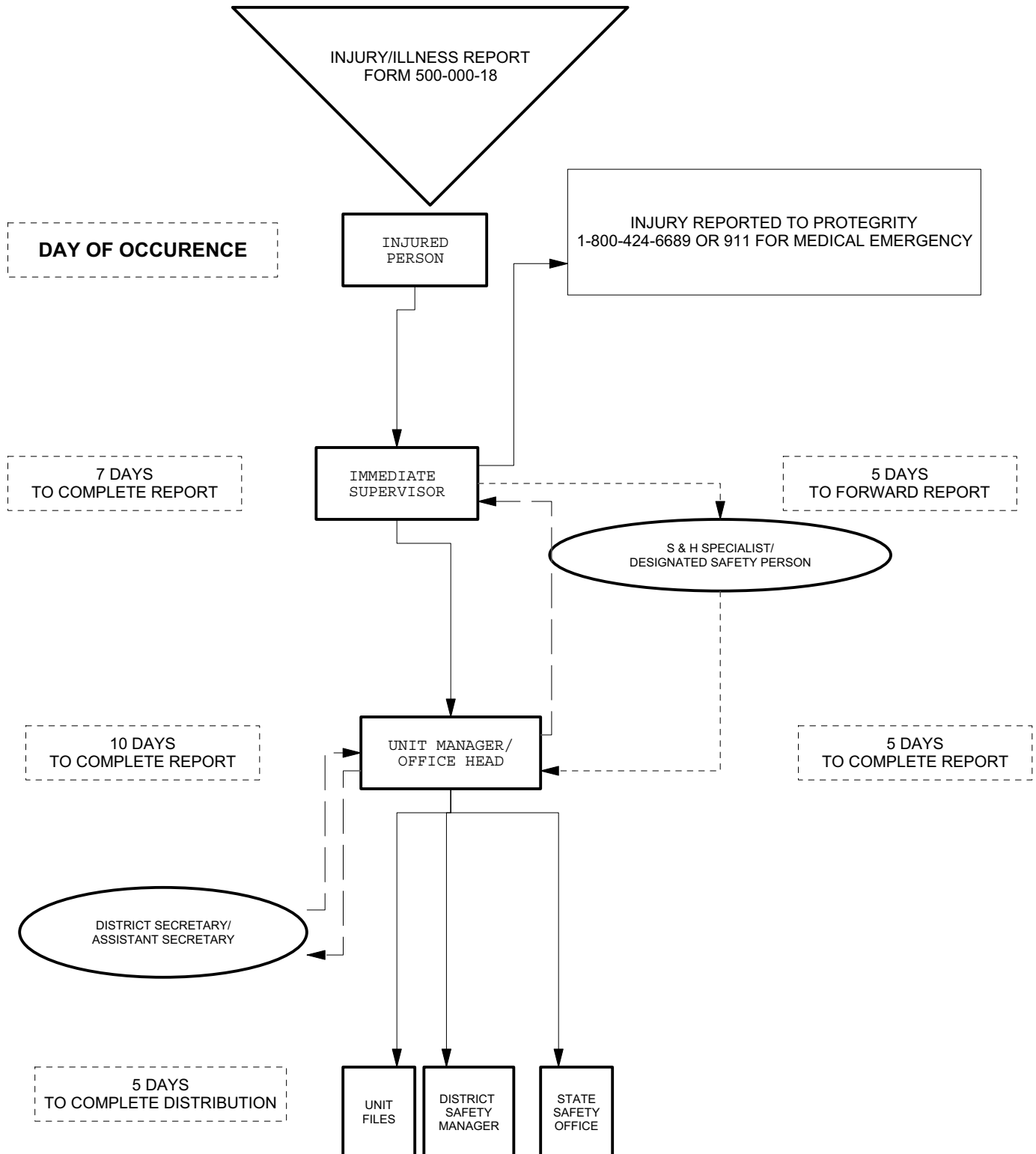
6.4 VEHICLE CRASH/INCIDENT REPORT DISTRIBUTION

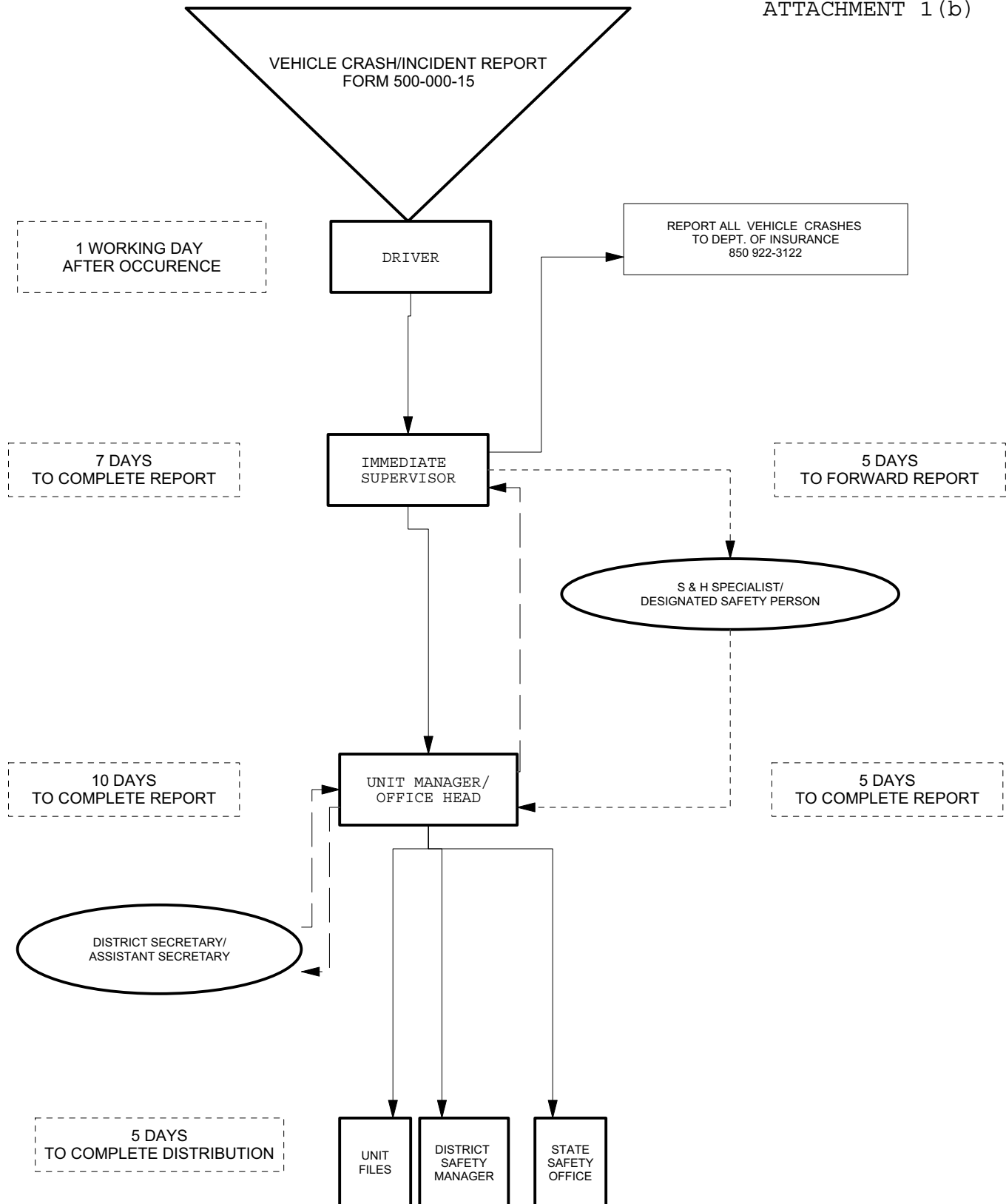
Responsibility for distribution of completed reports may be assigned by the individual District/Office to either the District Safety and Health Manager, Safety and Health Specialist or designated safety person. Copies are to be distributed as follows:

- (A) One copy to the State Safety Office, Industrial Safety, M.S. 53, Tallahassee, FL 32399-0450.
- (B) One copy to Office of General Counsel, M.S. 58, Tallahassee, FL 32399-0450.
- (C) One copy to the Division of Risk Management, Department of Insurance, 200 East Gaines St., Tallahassee, FL 32399-0337.
- (D) One copy to the maintenance shop having jurisdiction of the vehicle.

6.5 FORMS

Form 500-000-15, Vehicle Crash/Incident Report, is available from the Department's forms library.





1) Crash/Incident Description

2) Law Enforcement Investigation ☐ Yes ☐ No
(select one)

3) If yes, specify investigating agency and case number

4) _____
(Driver Signature)

SECTION D - OTHER DRIVER/VEHICLE INFORMATION (Vehicle Two)

1) Other Driver's Name

Last First M.I.

2) Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Phone _____

7) Driver's License

8) Issuing State _____

Number _____

9) Owner's Name

Last First M.I.

10) Address _____

11) City _____ 12) State _____ 13) Zip Code _____

14) Phone _____

15) Insurance Company _____

16) Policy Number _____

17) Vehicle
Damage

18) Damage Estimate \$ _____

SECTION E - WITNESS AND OTHER PROPERTY DAMAGE

1) Witness (NAME)

Last First M.I.

2) Address _____

3) City _____ 4) State _____ 5) Zip Code _____

6) Other Property Damage

7) Owner's Name

Last_____
First_____
M.I.

E) _____
(Supervisor Signature)

SECTION G - COMMENTS AND RECOMMENDATIONS (Continued)

2) Safety Specialist / Designated Safety Person

A) _____
Last First M.I.

B) Phone _____

C) Comments and Recommendations

D) Date _____
M M / D D / Y Y Y Y

E) _____
Signature

3) Unit Manager/Office Head

A) _____
Last First M.I.

C) Chargeable? ☐ Yes ☐ No
(select one)

B) Comments and Recommendations

D) Date _____
M M / D D / Y Y Y Y

E) _____
Signature

4) District Secretary/Assistant Secretary/or designee (This part is optional.)

A) _____
Last First M.I.

B) Comments and Recommendations

C) Date _____
M M / D D / Y Y Y Y

D) _____
Signature

SECTION H - CONTACT PERSON

1) Name _____
Last First M.I.

2) Telephone No. _____

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-15

Definitions

Vehicle Crash:

Any accident involving a fleet motor vehicle which results in a fatality, injury, or property damage while said vehicle is in operation on a traffic way as a motor vehicle.

- (a) Traffic way is defined as any vehicular thoroughfare open to the public. Vehicle crashes also include the following:
- (b) Accidents involving off-road equipment being operated on a traffic way as a motor vehicle at the time of the accident.
- (c) Accidents involving a privately-owned vehicle (POV) or leased vehicle resulting in damage or injury while in use for official business.
- (d) All backing accidents involving vehicles normally operated on the traffic way.

Vehicle Incident:

Any motor vehicle accident involving:

- (a) Damage to off-the-road equipment not operated on or immediately adjacent to the traffic way.
- (b) Damage to windshields, windows, signal lights, headlights or taillights caused by tools, branches, debris, or other similar objects.
- (c) Any damage caused by unsecured items falling out of vehicles.
- (d) Any damage to privately-owned vehicles caused by objects thrown during mowing operations.
- (e) Damage to any vehicle normally operated on the traffic way being operated off-road.

Section A: This section is for reference information regarding the time and location of the accident.

- 1. Select "Crash" if it is a crash report, "Incident" if it is an incident report. Refer to definitions provided.
- 2. Date Occurred - The month, day, and year of the crash/incident.
- 3. Time - The approximate time of the accident. Indicate AM or PM accordingly.
- 4. County - The county in which the accident occurred. Enter code from list provided.
- 5. Location - The specific location in which the accident occurred. Indicate street names, state road or highway numbers and intersections, as applicable.

Section B: Information on DOT driver and vehicle involved in the crash or incident. (NOTE: This Section will be completed for any personal, leased or rented vehicle used for official DOT business. If more than one DOT driver is involved, each driver must complete a separate copy of the first page of this report.)

- 1. Driver's Name - Last name, first name, and middle initial of the DOT driver.
- 2. District/Central Office Code - District/Central Office in which the driver is assigned. Enter the corresponding district/central office code.
- 3. Unit - Unit or facility where driver is assigned. Enter the Unit's corresponding 3-digit cost center code.
- 4. D.O.B. - The driver's birth date, month, day and year.
- 5. Sex - Select "M" for male, "F" for female.
- 6. Driver's License Number - The driver's Florida driver license number.
- 7. Type of Vehicle/Equipment - Enter the code number corresponding to the vehicle/equipment type.
- 8. Year - The year the driver's vehicle/equipment was made.
- 9. DOT Tag Number - The Department of Transportation license tag number of the driver's vehicle. If not a fleet vehicle, enter private or rental tag number.
- 10. Seat Belts - Select "In Use" if a seat belt was in use at the time of the crash/incident, "Not in Use" if a seat belt was not used, "N/A, if not applicable.
- 11. Damage Description - Describe the specific type of damage to the driver's vehicle resulting from the crash/incident.
- 12. Damage Estimate - Provide an estimated dollar amount of the cost of repairing the driver's damaged vehicle.
- 13. Down Time (Days Lost) - Estimated time that vehicle will be out of service.
- 14. Was Driver Authorized to Operate this Vehicle - Select "Yes" if driver is authorized, "No" if driver is not authorized.
- 15. Was Driver Injured? Select "Yes" if driver was injured as a result of the crash/incident, "No" if driver was not injured.
- 16. Date Injury Reported - If "Yes" is selected in item 15, indicate the month, day, and year injury was reported.

Section C: Driver's Description of Crash or Incident.

- 1. Crash/Incident Description - This is the DOT driver's description of how, when, where, what and why the crash/incident occurred.
- 2. Law Enforcement Investigation - Select "Yes" if a law enforcement agency investigated, "No" if law enforcement agency did not.
- 3. If yes, specify investigating agency and the case number.
- 4. Signature - Signature of driver.

Section D: This section is for information related to the driver of a privately-owned vehicle which is involved in the crash or incident. (NOTE: If more than one privately owned vehicle is involved complete a separate copy of the second page of this form as necessary to record the required information.)

- 1. Other Driver's Name - Last name, First and middle initial of the (second) driver.
- 2. Address - The mailing address (number, street, PO Box, etc.) of the driver.
- 3-5. City/State/Zip Code - City, State and Zip Code of driver's mailing address.
- 6. Phone - Home telephone number of driver.
- 7. Driver's License Number - The driver's license number.
- 8. Issuing State - State in which the driver's license was issued. Enter two letter standard abbreviation.
- 9. Owner's Name - Name of the owner of the (second) vehicle involved in the crash/incident.
- 10. Address - Address of the owner of the (second) vehicle involved in the crash/incident.
- 11-13. City/State/Zip Code - of the vehicle owner (if different from driver's).
- 14. Phone - Home phone number of the owner (if different from driver's).
- 15. Insurance Company - Name of the driver's insurance company.
- 16. Policy Number - Vehicle insurance policy number.
- 17. Vehicle Damage - Describe the damage to the second vehicle caused by the crash/incident.
- 18. Damage Estimate- Provide an estimated dollar amount of the cost of repairs for second vehicle.

Section E: This section is for information provided by the driver of the DOT vehicle.

1. Witnesses - Full name(s) of witness(es) to the crash/incident.
- 2-5. Address - Mailing address, city, state and zip code of witness(es).
6. Other property damage - Describe damage to property resulting from the crash/incident.
7. Owner's name - The name of the owner of any property damaged in the crash/incident.

Section F: The following five fields are required information for the report. Use reporting codes in this report.

1. Crash/Incident Type - Classify as (01) vehicle crash or (02) vehicle incident, according to the definitions.
2. Crash/Incident Description - Enter the corresponding code that describes the crash/incident.
3. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 1.
4. Crash/Incident Cause - Enter the corresponding code that describes the cause of the crash/incident for vehicle 2.
5. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 1.
6. Contributing Factors - Enter the corresponding code that describes the contributing factors of the crash/incident for vehicle 2.
7. Task at the Time of Crash/Incident - Enter the corresponding code for the DOT driver's task at the time of the crash/incident.

SECTION G - This section is provided for comments and signatures of reviewers.

1. Supervisor -
 - A. Name - Name of immediate Supervisor.
 - B. Phone - Supervisor's telephone number.
 - C. Comments and recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D. Date - The month, day, and year that the Supervisor is writing his/her comments.
 - E. Signature - Supervisor's signature.
2. Safety Specialist/Designated safety person -
 - A. Name - Name of the Safety Specialist/designated safety person.
 - B. Phone - Safety Specialist/designated safety person's telephone number.
 - C. Comments and Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D. Date - The month, day and year that the Safety Specialist/designated safety person is writing his/her comments.
 - E. Signature - Safety Specialist/designated safety person's signature.
3. Unit Manager /Office Head-
 - A. Name - Name of Unit Manager/Office Head
 - B. Comments and Recommendations - Unit Manager/Office Head's comments and recommendations for corrective or preventive action.
 - C. Chargeable - Select "Yes" if the DOT driver violated any rules or procedures, "No" if the driver did not.
 - D. Date - The month, day and year that the Unit Manager/Office Head is writing their comments.
 - E. Signature - Signature of the Unit Manager/Office Head.
4. District Secretary/Assistant Secretary/or designee. Comments on corrective or preventive action taken. (This part is optional. This part needs to be completed only if the District Secretary/Assistant Secretary/or designee reviews the report.)

SECTION H: Contact Person

- 1-2. Name and telephone number of contact person for this report.

Form Distribution

One Copy to:

State Safety Office, Industrial Safety, MS 53, Tallahassee, FL 32399-0450

Office of General Counsel, MS 58, Tallahassee, FL 32399-0450

Department of Insurance, Division of Risk Management, State Liability Claims, 200 E. Gaines St., Tallahassee, FL 32399-0337

DOT Maintenance Shop having jurisdiction of the vehicle.

REPORTING CODES

COUNTY CODES

01 Charlotte
 02 Citrus
 03 Collier
 04 Desoto
 05 Glades
 06 Hardee
 07 Hendry
 08 Hernando
 09 Highlands
 10 Hillsborough
 11 Lake
 12 Lee
 13 Manatee
 14 Pasco
 15 Pinellas
 16 Polk
 17 Sarasota
 18 Sumter
 26 Alachua
 27 Baker
 28 Bradford
 29 Columbia
 30 Dixie
 31 Gilchrist
 32 Hamilton
 33 Lafayette
 34 Levy
 35 Madison
 36 Marion
 37 Suwannee
 38 Taylor
 39 Union
 46 Bay
 47 Calhoun
 48 Escambia
 49 Franklin
 50 Gadsden
 51 Gulf
 52 Holmes
 53 Jackson
 54 Jefferson
 55 Leon
 56 Liberty
 57 Okaloosa
 58 Santa Rosa
 59 Wakulla
 60 Walton
 61 Washington
 70 Brevard
 71 Clay
 72 Duval
 73 Flagler
 74 Nassau
 75 Orange
 76 Putnam
 77 Seminole
 78 St. Johns
 79 Volusia
 86 Broward
 87 Dade
 88 Indian River
 89 Martin
 90 Monroe
 91 Okeechobee
 92 Osceola
 93 Palm Beach
 94 St. Lucie

VEHICLE/EQUIPMENT TYPE

01 Sedan
 02 Station Wagon
 03 Van
 04 Pickup
 05 Crew Cab
 06 Dump Truck
 07 Rental
 08 Leased
 99 Other (specify)

DISTRICT/CENTRAL OFFICE

01 District 1 (Bartow)
 02 District 2 (Lake City)
 03 District 3 (Chipley)
 04 District 4 (Ft. Lauderdale)
 05 District 5 (Deland)
 06 District 6 (Miami)
 07 District 7 (Tampa)
 08 Turnpike District

Central Office-Finance and Administration

09 Tolls
 10 All Others

11 Materials Office
 12 All Others

Central Office- Operations

13 Motor Carrier Compliance Office
 14 All Others

CRASH/INCIDENT TYPE

01 crash
 02 incident

CRASH/INCIDENT DESCRIPTION

01 struck pedestrian
 02 struck object
 03 head on with vehicle
 04 hit other vehicle (front)
 05 hit other vehicle (side)
 06 hit other vehicle (rear)
 07 backed into an object or vehicle or pedestrian
 08 hit by other vehicle (front)
 09 hit by other vehicle (side)
 10 hit by other vehicle (rear)
 11 backed into by other vehicle
 12 vehicle rolled over
 13 struck by object released from other vehicle
 14 struck by object
 15 mower/vehicle threw an object causing damage
 16 non-contact accident
 17 natural phenomena
 18 damaged by vandalism
 19 equipment damage
 99 other, specify

CRASH/INCIDENT CAUSE

01 DUI
 02 too fast for conditions
 03 exceeding speed limit
 04 failure to yield right of way
 05 following too close
 06 improper start
 07 improper parking
 08 improper lane usage
 09 improper turning
 10 improper passing
 11 traveling on wrong side or wrong way
 12 ran red light

13 ran stop sign
 14 disregarded other traffic control
 15 faulty equipment
 16 failed to signal
 17 too slow without warning device
 18 improper backing
 19 improper use of vehicle
 20 proper guards not in use
 21 not allowing enough clearance
 22 no citation/cause
 23 unknown
 24 failure to have vehicle under control
 25 unfamiliar with vehicle
 26 careless
 99 other, specify

CONTRIBUTING FACTORS

01 none
 02 weather
 03 vision obscured
 04 road conditions
 05 driver error (subject driver)
 06 driver error (other)
 07 defective traffic control
 08 defective drive shaft
 09 defective wheels/tires
 10 defective brakes
 11 defective lights
 12 defective steering
 13 engine
 14 wipers
 15 fatigue
 16 asleep
 17 no license
 99 other, specify

TASK AT TIME OF CRASH/INCIDENT

PAVEMENT MAINTENANCE

411 asphalt repair - manual
 412 asphalt repair - mechanical
 414 base repair
 421 pressure grouting
 423 concrete pavement joint repair
 424 concrete slope pavement joint repair
 425 concrete pavement surface repair

ROADSIDE MAINTENANCE

431 motor grader operation
 432 repairing non-paved shoulders, front slopes, and roadside ditches - manual
 433 sodding
 435 seeding, fertilizing and mulching
 436 reworking non-paved shoulders, front slopes, and roadside ditches - mechanical
 437 miscellaneous slope and ditch repair

DRAINAGE

451 clean drainage structures
 456 repair or replace storm drains, side drains, cross drains
 457 concrete repair
 459 concrete sidewalk repair
 461 roadside ditches - clean, reshape
 464 outfall ditches - clean, repair
 465 mitigation area maintenance

VEGETATION AND
AESTHETIC

471 large machine mowing
482 slope mowing
484 intermediate machine mowing
485 small machine mowing
487 weed control-manual
489 wildflowers
490 fertilizing
492 tree trimming and removal
ROUTINE MAINTENANCE ACTIVITIES
493 landscaped area maintenance
494 chemical weed and grass control
497 chemical weed and grass control selective
weeding, broadcast or wiping
540 graffiti removal
541 roadside litter removal
542 road sweeping manual
543 road sweeping-mechanical
544 rest area maintenance
545 edging and sweeping
TRAFFIC SERVICES
520 signs-ground signs 30 square feet or less
521 signs-ground signs over 30 square feet all
overland signs
522 sign cleaning
523 guardrail repair
530 routine attenuator inspection and service
531 attenuator
532 pavement striping-large machine
534 pavement symbols
537 raised pavement marker replacement
787 highway lighting maintenance
BRIDGE ROUTINE
MAINTENANCE
805 bridge joint repair
806 bridge deck maintenance and repair
810 bridge handrail maintenance and repair
825 superstructure maintenance and repair
845 substructure maintenance and repair
859 channel maintenance
861 routine bridge electrical maintenance
865 routine bridge mechanical maintenance
869 movable bridge structural maintenance
888 bridge damage repair
896 ferry slip maintenance and repair
898 tunnel maintenance

MISCELLANEOUS ROUTINE
MAINTENANCE

135 environmental work
197 engineering duties
656 maintenance of toll building, area
780 driveway-utility permit processing and inspection
782 transportation and supervision of prisoners
901 bridge inspection
903 underwater bridge inspection
905 overhead sign structure inspection
919 other bridge inspection
921 preliminary bridge engineering
929 other bridge engineering
930 supervision of bridge maintenance and operations
931 bridge operation
932 tunnel operation
933 ferry operation
941 supervision, engineering, and inspection of roadway
maintenance
942 contract maintenance supervision, engineering, and
inspection
991 emergency maintenance
992 periodic maintenance
993 betterment
994 work performed for other state agencies
995 maintenance support services
996 transporting equipment, material, or personnel
999 other, specify
CONSTRUCTION
Earthwork
220 control staking
221 cross staking
222 removal and relocation inspection
223 earthwork inspection
224 curb and gutter and traffic separator inspection
225 sidewalk inspection
226 retaining wall inspection
227 density-earthwork
Drainage
231 box culvert inspection
232 pipe construction inspection
Base Construction Inspection
235 subgrade inspection
236 base construction inspection
Asphalt Paving
241 asphalt paving inspection
242 asphalt plant inspection
243 weigh asphalt material

PCC Paving
251 portland cement concrete paving inspection
252 joint repair inspection
Bridge Structure
261 substructure piling inspection
262 substructure concrete inspection
263 superstructure concrete inspection
Miscellaneous
271 inspection of misc. items
Special Feature
281 special feature inspection
999 other, specify
SURVEYORS
105 photo topographics
106 design survey
120 appraisal work-negotiation
150 digital topographics
155 design changes and survey
999 other, specify
028 Facility and Equipment Maintenance
036 Travel
089 Law Enforcement

**DRIVER INSTRUCTIONS IN THE
CASE OF VEHICLE CRASH**

1. IMMEDIATELY STOP VEHICLE:
 - a. If circumstances permit, have the vehicle removed from the collision scene in order to clear the roadway.
 - b. Maintain traffic control utilizing devices (flashers, flares, reflectors, etc.), if available, to minimize impediment to the normal flow of traffic.
2. IMMEDIATELY CALL POLICE OR HIGHWAY PATROL.
3. IMMEDIATELY CALL 911 IF CRASH RESULTED IN INJURY AND OBTAIN NAME OF INJURED PERSON(S).
4. CAUTION: Volunteer no information to anyone or sign any papers from anyone other than DOT Safety Personnel or Police.
5. INSURANCE COVERAGE: Self Insured. Fleet Liability Coverage (AL..2600) provided pursuant to Chapter 284, Part II, Section 768.28, Florida Statutes. Refer any questions to the Department of Insurance, Division of Risk Management at the address given below.
6. NOTIFY IMMEDIATE SUPERVISOR THE SAME DAY/NIGHT OF CRASH. The supervisor will provide appropriate instructions and contact the nearest DOT garage and arrange for the vehicle to be removed, if necessary. Furnish the supervisor with the following information:
 - (a) DOT Driver - Name.
 - (b) Other driver(s) and injured persons - Name, Address, Phone Number, Vehicle Tag Number.
 - (c) DOT Vehicle - Vehicle Number, Type Vehicle, Year, Make.
 - (d) Brief description of crash including injuries and damages.
 - (e) Location of crash - Street No., City, County, State.
 - (f) Date and time occurred.
 - (g) Where vehicle(s) can be seen
 - (h) Who was charged by law enforcement
7. OBTAIN NAME(S) AND ADDRESS(ES) OF WITNESS(ES), IF AVAILABLE.
8. FILL OUT REQUIRED REPORT:
 - a. Vehicle Crash/Incident Report, Form 500-000-15.
 - b. Submit report promptly to immediate supervisor.

NOTE: SUPERVISOR WILL REPORT CRASH TO:

DEPARTMENT OF INSURANCE
DIVISION OF RISK MANAGEMENT
STATE LIABILITY CLAIMS
200 E. GAINES STREET
TALLAHASSEE, FLORIDA 32399-0337
TELEPHONE: (850) 413-3122
SUNCOM 293-3122

INJURY/ILLNESS REPORT

500-000-18

SAFETY

2/99

Page 1 of 3

Please print or type in UPPER CASE letters to aid automated processing.**SECTION A - EMPLOYEE INFORMATION**

1) Employee Name

_____		_____		_____	
Last		First		M.I.	
2) District/Central Office Code	_____	3) Unit (Cost Center Code)	_____	4) Length of DOT Employment	_____ years _____ months
				(select one)	
5) Employee's Job Classification Code	_____	6) D.O.B.	_____	7) SEX	<input type="radio"/> M <input type="radio"/> F
		M M / D D / Y Y Y Y			
8) Date of Injury or Illness	_____	9) Time of Injury or Illness	_____	:	_____
M M / D D / Y Y Y Y		H H		M M	AM/PM
10) Location Where Injury/ Illness Occurred	_____				
11) Limiting Physical Conditions Prior to this Injury or Illness (select one)			<input type="radio"/> Yes <input type="radio"/> No		
			12) Estimated number of days lost due to Injury or Illness _____		

SECTION B - INJURY/ILLNESS OCCURRENCE

1) DESCRIBE FULLY HOW INJURY OR ILLNESS OCCURRED.

2) _____ 3) Date _____
Employee Signature (if available to sign) M M / D D / Y Y Y Y
SECTION C - INJURY/ILLNESS INFORMATION (The following fields are REQUIRED)

1) Injury Classification (See Code)	_____	2) Event or Exposure (See Code)	_____	_____
		If code 99 entered, please specify		
3) Body Part Injured (See Code)	_____	If Code 99 entered, please specify	_____	
4) Type or Nature of Injury/Illness (See Code)	_____	If Code 99 entered, please specify	_____	
5) Source of Injury/ Illness (See Code)	_____	If Code 99 entered, please specify	_____	
6) Task at Time (See Code)	_____	If Code 999 entered, please specify	_____	
			7) Protective Equipment (select one for each)	
			Required	<input type="radio"/> Yes <input type="radio"/> No
			Available	<input type="radio"/> Yes <input type="radio"/> No
			Used	<input type="radio"/> Yes <input type="radio"/> No
			Available	Yes

SECTION D - COMMENTS AND RECOMMENDATIONS

1) Supervisor

Last

First

M.I.

B) Phone _____

C) Comments/Recommendations

D) Date _____
M M / D D / Y Y Y Y

E) _____
(Supervisor Signature)

2) Safety Specialist / Designated Safety Person

A) _____
Last

First

M.I.

B) Phone _____

C) Comments / Recommendations

D) Date _____
M M / D D / Y Y Y Y

E) _____
(Signature)

SECTION D COMMENTS AND SIGNATURES OF REVIEWERS

3) Unit Manager / Office Head

A) _____
Last_____
First M.I.

B) Comments/Recommendations

C) Date _____
M M / D D / Y Y Y YD) _____
(Supervisor Signature)

4) District Secretary / Assistant Secretary / or designee (This part is optional)

A) _____
Last_____
First M.I.

B) Comments

C) Date _____
M M / D D / Y Y Y YD) _____
(Signature)**SECTION E - CONTACT PERSON**

1) Name

Last First M.I.

2) Telephone _____

REPORTING CODES

DISTRICT CODES

01 District 1 (Bartow)
 02 District 2 (Lake City)
 03 District 3 (Chipley)
 04 District 4 (Ft. Lauderdale)
 05 District 5 (Deland)
 06 District 6 (Miami)
 07 District 7 (Tampa)
 08 Turnpike District

Central Office- Finance and Administration
 09 Tolls
 10 All Others

Central Office- Planning and Engineering
 11 Materials Office
 12 All Others

Central Office- Operations
 13 Motor Carrier Compliance Office
 14 All Others

INJURY/ILLNESS CLASSIFICATION

01 No Treatment
 02 First Aid
 03 First Aid Medical
 04 Medical Treatment
 05 Fatality
 06 Illness

EVENT OR EXPOSURE

01 fall on same level
 02 fall to lower level
 03 slipped, tripped
 04 struck by object
 05 struck by vehicle/equipment
 06 struck by person
 07 struck against tools/equipment/object
 08 caught in/under/between
 09 rubbed/abraded
 10 exposure to radiation, corrosives, toxic subs.
 11 exposure to noise
 12 contact with temperature extremes
 13 contact with electrical current
 14 load - carrying/holding/twisting/reaching
 15 load - lifting
 16 load - pushing/pulling/turning
 17 no load - bending
 18 no load - reaching/twisting
 19 stings, venomous bites
 20 fire/explosives
 99 other, specify

BODY PART AFFECTED

01 head 18 buttock
 02 ears 19 groin
 03 eyes 20 upper arm
 04 face 21 elbow
 05 nose 22 wrist
 06 mouth/teeth 23 hand
 07 jaw/chin 24 fingers
 08 neck/throat 25 leg
 09 whole torso 26 thigh
 10 shoulder 27 knee
 11 collar bone 28 shin/calf
 12 chest/ribs 29 ankle
 13 heart 30 foot
 14 lung 31 toe(s)
 15 back/spine 32 multiple body parts
 16 abdomen 99 other, specify
 17 hip

TYPE OR NATURE OF INJURY/ILLNESS

01 fracture, dislocation
 02 sprain, sprain torn
 03 pulled muscle
 04 amputation
 05 animal or insect bite, sting
 06 cut/laceration/puncture
 07 scratch, abrasion
 08 blisters
 09 bruise, contusion

10 burn (chemical)
 11 burn, scald (heat)
 12 burn (electrical)
 13 concussion, loss of consciousness
 14 heat exhaustion, heat stroke
 15 asphyxiation, suffocation, drowning
 16 electric shock, electrocution
 17 poisoning
 18 back pain, hurt back
 19 hearing loss, or impairment
 20 dermatitis/rash
 99 other, specify

SOURCE OF INJURY/ILLNESS

10 airborne dust particles
 11 foreign body/sliver/chip
 12 power tools, electrical
 13 electric apparatus
 14 weather conditions/natural elements
 15 containers, pressurized
 16 containers, nonpressurized
 17 pressurized lines
 18 radiating substances and equipment
 19 fire, flame, smoke
 20 welding fumes
 21 poison oak, ivy, other plants
 22 hand tool, not powered
 23 hand tool, powered
 24 chemicals/chemical products
 25 cleaning compounds, soaps
 detergents, disinfectants
 26 ladders
 27 walking/working surfaces
 28 infectious agents
 29 machines
 30 mechanical transmission apparatus
 31 hoisting apparatus
 32 pesticides, herbicides
 33 industrial powered vehicle
 99 other, specify

TASK AT TIME OF INJURY/ILLNESS

PAVEMENT MAINTENANCE
 411 asphalt repair - manual
 412 asphalt repair - mechanical
 414 base repair
 421 pressure grouting
 423 concrete pavement joint repair
 424 concrete slope pavement joint repair
 425 concrete pavement surface repair
 ROADSIDE MAINTENANCE
 431 motor grader operation
 432 repairing non-paved shoulders, front slopes, and roadside ditches - manual
 433 sodding
 435 seeding, fertilizing and mulching
 436 reworking non-paved shoulders, front slopes, and roadside ditches - mechanical
 437 miscellaneous slope and ditch repair

DRAINAGE
 451 clean drainage structures
 456 repair or replace storm drains, side drains, cross drains
 457 concrete repair
 459 concrete sidewalk repair
 461 roadside ditches - clean, reshape
 464 outfall ditches - clean, repair
 465 mitigation area maintenance
 VEGETATION AND AESTHETICS
 471 large machine mowing
 482 slope mowing
 484 intermediate machine mowing
 485 small machine mowing
 487 weed control - manual
 489 wildflowers
 490 fertilizing
 492 tree trimming and removal

ROUTINE MAINTENANCE ACTIVITIES

493 landscaped area maintenance
 494 chemical weed and grass control
 497 chemical weed and grass control selective weeding - broadcast or wiping
 540 graffiti removal
 541 roadside litter removal
 545 edging and sweeping
 542 road sweeping - manual
 543 road sweeping - mechanical
 544 rest area maintenance

TRAFFIC SERVICES

520 signs- ground signs 30 square feet or less
 521 signs - ground signs over 30 square feet -all overland signs
 522 sign cleaning
 526 guardrail repair
 527 fence repair
 530 routine attenuator inspection and service
 531 attenuator repair
 532 pavement striping - large machine
 534 pavement symbols
 537 raised pavement marker replacement
 787 highway lighting maintenance
 BRIDGE ROUTINE MAINTENANCE
 805 bridge joint repair
 806 bridge deck maintenance and repair
 810 bridge handrail maintenance and repair
 825 superstructure maintenance and repair
 845 substructure maintenance and repair
 859 channel maintenance
 861 routine bridge electrical maintenance
 865 routine bridge mechanical maintenance
 869 movable bridge structural maintenance
 888 bridge damage repair
 896 ferry slip maintenance and repair
 898 tunnel maintenance
 MISCELLANEOUS ROUTINE MAINT
 135 environmental work
 197 engineering duties
 656 maintenance of toll building, area
 780 driveway-utility permit processing and inspection
 781 weigh station building and grounds maint
 782 transportation and supervision of prison labor
 901 bridge inspection
 903 underwater bridge inspection
 905 overhead sign structure inspection
 919 other bridge inspection
 921 preliminary bridge engineering
 929 other bridge engineering
 930 supervision of bridge maintenance and operations
 931 bridge operation
 932 tunnel operation
 933 ferry operation
 941 supervision, engineering, and inspection of roadway maintenance
 942 contract maintenance supervision, engineering and inspection
 991 emergency maintenance
 992 periodic maintenance
 993 betterment
 994 work performed for other state agencies
 995 maintenance support services
 996 transporting equipment or material or personnel
 999 other, specify

TOLL OPERATIONS

001 Working in toll booth
 002 Removing coin vault
 003 Working with automatic gate arm
 004 Gate tending
 005 Pushing stalled vehicles
 006 Cleaning toll lanes
 007 Cleaning restrooms
 008 Closing traffic lanes
 999 Other, specify
 CONSTRUCTION
 Earthwork
 222 removal and relocation inspection
 223 earthwork inspection
 224 curb and gutter and traffic separator inspection
 225 sidewalk inspection
 226 retaining wall inspection
 227 density-earthwork
 228 preparation for construction-office
 229 earthwork-office
 Drainage
 231 box culvert inspection
 232 pipe construction inspection
 233 box culvert and minor drainage structure-office
 Base Construction Inspection
 235 subgrade inspection
 236 base construction inspection
 237 base construction-office
 Asphalt Paving
 241 asphalt paving inspection
 242 asphalt plant inspection
 243 weigh asphalt material
 244 asphalt paving-office
 PCC Paving
 251 portland cement concrete paving inspection
 252 joint repair inspection
 253 pcc paving-office
 Bridge Structure
 261 substructure piling inspection
 262 substructure concrete inspection
 263 superstructure concrete inspection
 264 structure-office
 Miscellaneous
 271 inspection of misc. items
 272 office work for misc.
 Special Feature
 281 special feature inspection
 282 special feature-office
 999 other, specify
 SURVEYORS
 105 photo topographics
 106 design survey
 120 appraisal work-negotiation
 150 digital topographics
 155 design changes and survey
 319 expert witness
 999 other, specify
 089 LAW ENFORCEMENT
 028 FACILITY AND EQUIPMENT MAINTENANCE
 031 seminars and meetings
 033 training
 034 GENERAL OFFICE WORK
 036 travel

INFORMATION AND INSTRUCTIONS FOR COMPLETING FORM 500-000-18

Section A: Employee Information

1. Name - The last name, first name, and middle initial of the injured employee.
2. District/Central Office - The District/Central Office where the injured employee is assigned. Enter appropriate district/central office designation code number.
3. Unit - The Unit where employee is assigned. Enter the Unit's corresponding 3-digit cost center code.
4. Length of DOT employment - Employee's length of employment with DOT, in number of years, months.
5. Employee's Job Classification Code - Enter four-digit classification code for employee's job class (9200-9251=Office Support Level; 9260-9312=Administration and Management; 9620-9671=Engineering, Architecture and Surveying; 9740-9790=Operations, Maintenance; 9850-9900=Regulatory/Enforcement).
6. D.O.B. - The injured employee's birthdate, month, day, and year.
7. Sex - Select male or female.
- 8-9. Date and Time of Injury/Illness - Month, day, and year, and time (include AM or PM) when injury/illness occurred.
10. Location of Accident - Exact location (specific site location and address) where injury/illness occurred.
11. Check "Yes", if the employee had any limiting physical condition before this injury/illness occurred, "No" if there was no such condition.
12. The estimated number of days the employee will be out of work as a result of the injury/illness.

Section B: Injury/Illness Occurrence Information

1. Description of injury/illness occurrence. Employee's description of how, when, where, what, and why this injury/illness occurred.
- 2-3. Employee's signature and date signed.

Section C: Injury/Illness Information

1. Injury Classification - refer to the definitions and select the appropriate classification code.
2. Event or Exposure - Select the appropriate code that describes the manner in which the injury/illness was produced or afflicted.
3. Body Part Affected - Select the appropriate code that identifies the part of the injured/ill person that was directly affected by the nature of the injury/illness.
4. Type or Nature of Injury/Illness - Select the appropriate code that identifies the injury/illness in terms of its principal physical characteristics and enter the corresponding code number.
5. Source of Injury/Illness - Select the appropriate code that identifies the object, substance, bodily motion or exposure that directly produced or afflicted the identified injury/illness.
6. Task at Time of Injury/Illness - Select the appropriate task being done at the time of injury/illness and enter the corresponding code number.
7. Protective Equipment - Check appropriate responses (Y or N) to the following questions: is protective equipment required for the task being performed?; and if needed, was it available?; and; if available, was the equipment used?

Section D: Comments and Recommendations

1. Supervisor
 - A) Name - The last name, first name, and middle initial of the immediate supervisor.
 - B) Phone/Suncom - The telephone number of the immediate supervisor.
 - C) Comments/recommendations - Supervisor's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D) Date - The date the report was reviewed and signed by the immediate supervisor.
 - E) Signature - Signature of immediate supervisor.
2. Safety Specialist's/Designated Safety Person.
 - A) The Safety Specialist/designated safety person's last name, first name and middle initial.
 - B) Phone/Suncom - The safety specialist/designated safety person's telephone number.
 - C) Comments/Recommendations - Safety Specialist/designated safety person's comments and recommendations for corrective or preventive action to prevent similar occurrences.
 - D) Date - The date report was reviewed by the Safety Specialist/designated safety person.
 - E) Signature - Signature of safety specialist/designated safety person.

Section E: Contact Person

- 1-2 Name and telephone number of contact person for this report.

Distribution: Copy to the State Safety Office, Industrial Safety, M.S. 53

Definitions for Injury Classifications (Section C, Number 1):

01 No Treatment - No treatment provided or sought by the injured.

02 First Aid - Any one-time treatment and subsequent observation of minor scratches, cuts, burns, splinters, etc., which do not ordinarily require medical care. First aid is (1) limited to one-time treatment and subsequent observations, and (2) involves treatment of only minor injuries, not emergency treatment of serious injuries. Injuries are not minor if:

- (a) They must be treated only by a physician or licensed medical personnel;
- (b) They impair bodily function (i.e., normal use of senses, limbs, etc.);
- (c) They result in damage to the physical structure of a non-superficial nature (e.g., fractures); or
- (d) They involve complications requiring follow-up medical treatment.

The following are generally considered to be first aid treatment:

- (a) Application of antiseptics during first visit to medical personnel
- (b) Treatment of first degree burn(s)
- (c) Application of bandage(s) during any visit to medical personnel
- (d) Use of elastic bandage(s) during first visit to medical personnel
- (e) Removal of foreign bodies not embedded in eye if only irrigation is required
- (f) Removal of foreign bodies from wound, if procedure is uncomplicated, and is, for example, by the use of tweezers or other simple technique
- (g) Use of nonprescription medication(s) and administration of single dose of prescription medication on first visit for minor injury or discomfort
- (h) Soaking therapy on initial visit to medical personnel or removal of bandage(s) by soaking
- (i) Application of hot or cold compress(es) during first visit to medical personnel
- (j) Application of ointments to abrasions to prevent drying or cracking
- (k) Application of heat therapy during first visit to medical personnel
- (l) Use of whirlpool bath therapy during first visit to medical personnel
- (m) Negative X-Ray diagnosis
- (n) Observation of injury during visit to medical personnel

03 First Aid Medical - Injury cases where the injured employee went to a physician or medical facility and received first aid treatment.

04 Medical Treatment - Any treatment, other than first-aid treatment, administered to injured employees. Essentially, medical treatment involves the provision of medical or surgical care for injuries that are not minor, through the application of procedures and systematic therapeutic measures. The following are generally considered to be medical treatment:

- (a) Treatment of infections
- (b) Application of antiseptics during second or subsequent visit to medical personnel
- (c) Treatment of second or third degree burn(s)
- (d) Application of sutures (stitches)
- (e) Application of butterfly adhesive dressing(s) or Steri-Strip(s) in lieu of sutures
- (f) Removal of foreign bodies embedded in the eye
- (g) Removal of foreign bodies from wound, if procedure is complicated because of depth of embedment, size, or location
- (h) Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort)
- (i) Use of hot or cold soaking therapy during second or subsequent visit to medical personnel
- (j) Application of hot or cold compress(es) during second or subsequent visits to medical personnel
- (k) Cutting away dead skin (surgical debridement)
- (l) Application of heat therapy during second or subsequent visits to medical personnel
- (m) Use of whirlpool bath therapy during second or subsequent visits to medical personnel
- (n) Positive X-Ray diagnosis (fractures, broken bones, etc.)
- (o) Admission to a hospital or equivalent medical facility for treatment.

05 Fatality - Death resulting from a work-related injury or illness.

06 Illness of an employee is any abnormal condition or disorder other than one resulting from an injury, caused by exposure to environmental factors. Includes illnesses which may be caused by inhalation, absorption, ingestion or direct contact.